



**3 STEPS for Enrolment**

<b>STEP 1</b>	Complete this Application for Enrolment Form
<b>STEP 2</b>	Gather the 4 Essential Pieces of Documentation listed below
<b>STEP 3</b>	Forward this completed Application for Enrolment Form and documentation to AIS

**4 ESSENTIAL Pieces of Documentation (Certified)**

<b>1</b>	Copy of Passport Details
<b>2</b>	Samples of any Written English Work you have completed
<b>3</b>	Copies of any English Language Assessments
<b>4</b>	Copies of Previous or Current School Reports – translated in English

**\*All students will be required to complete an AIS English Language Assessment upon enrolment\***

**Study Selection** (please tick (✓) the course and number of weeks you wish to study.)

English for Academic Purposes					
EAP Primary online (Preparatory and Bridging full-time course)		Number of weeks:		Preferred start date:	
EAP Lower Secondary online (Preparatory and Bridging full-time course)		Number of weeks:		Preferred start date:	
EAP Upper Secondary online (Preparatory and Bridging full-time course)		Number of weeks		Preferred start date	
EAP Primary and Secondary online (part-time course)		Number of weeks		Preferred start date	

**Students Personal Details**

Family Name			Given Name				
Date of Birth		Current Age		Gender	Male		Female
Nationality			Passport Number				

Address in Home Country			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			





Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

**Parent / Guardian Details**

Father Family Name		Father Given Name	
Father's Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

Mother Family Name		Mother Given Name	
Mother's Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

Guardian Family Name		Guardian Given Name	
Guardian's Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			

**Emergency Person Contact Details**

Family Name		Given Name	
Address			
Relationship with this person			
Telephone Number		Mobile Number	
Email Address			

**Agent Contact Details**

Name of Agency			
Agents Name			
Address			
Country		Postcode/ZIP	
Telephone Number		Mobile Number	
Email Address			



## AIS Cloud Campus Application for Enrolment

Please write clearly in CAPITAL LETTERS ensuring to (✓) all boxes where appropriate

**Authorisation:** I \_\_\_\_\_  
(Student Name)

- Authorise *Adelaide International School* to collect, store and use my personal information within the limitations of the Privacy Principle contained in the Privacy Act 1998.
- Authorise *Adelaide International School* to make relevant enquiries, where necessary, and in accordance with legislation, regarding my application for the purpose of undertaking study.
- Understand that my information will only be released to third parties in accordance with legislation.
- Agree for my academic performance and conduct be made available to my parents and agent
- Understand that I may at any time revoke my authorisation for *Adelaide International School* to release my information to third parties by notifying *Adelaide International School* and that implementation cannot be retrospective.
- Have read and understand the content of the AIS Cloud Campus Student Handbook including my responsibilities.
- Agree to abide by the terms and conditions as set out in the Student Handbook.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

Office Use Only (this section is only to be completed by AIS)	
Student ID:	
Student Provided all Documentation:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Documentation was Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student was Offered Enrolment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student Accepted Offer of Enrolment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Invoice Fees Direct to Student	Yes <input type="checkbox"/> No <input type="checkbox"/>
Invoice Fees Direct to the Referring School	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please nominate)	
Commencement Date:	